

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE				
APPLICANT(S)					
CLAIMS					
	IND.	DEP.	IND.	DEP.	IND.
	IND.	DEP.	IND.	DEP.	IND.
101		1			1 51
102	1				1 52
103		1			1 53
104	1				1 54
105					1 55
106					1 56
107					1 57
108					1 58
109					1 59
110					1 60
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112					1 62
113					1 63
114					1 64
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118					1 68
119					1 69
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125					1 75
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128					1 78
129					1 79
130					1 80
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132					1 82
133					1 83
134					1 84
135					1 85
136					1 86
137					1 87
138					1 88
139					1 89
140					1 90
141					1 91
142					1 92
143					1 93
144					1 94
145					1 95
146					1 96
147					1 97
148					1 98
149					1 99
150					1 00
TOTAL IND.	1				TOTAL IND.
TOTAL DEP.	3	←	←	←	TOTAL DEP.
TOTAL CLAIMS	4				TOTAL CLAIMS

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. _____	FILING DATE _____
						APPLICANT(S) _____	
CLAIMS							
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1							
2							
3							
4							
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46							
47							
48							
49							
50							
TOTAL IND.							
TOTAL DEP.							
TOTAL CLAIMS							
89							
90	1						
91	1						
92	1						
93	1						
94	1						
95	1						
96	1						
97	1						
98	1						
99	1						
100	1						
TOTAL IND.	2						
TOTAL DEP.	10						
TOTAL CLAIMS	12						